

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/521488** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	0			1		
5	0			1		
6	0			1		
7	0			1		
8	0			1		
9	0			1		
10	1		1			
11	1		1			
12				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3		3			
TOTAL DEP.	9	↔	17	↔		
TOTAL CLAIMS	12	████████	20	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		████████		████████		████████